

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 10-575)**

SERIAL NO. **10-031,955**
 PAGES
 APPLICANT(S)

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		CLARK	NO.	NO.	NO.	NO.
	NO.	DEP.	NO.	DEP.	NO.	DEP.					
1								51			
2								52			
3								53			
4								54			
5								55			
6								56			
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44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL NO.	4							TOTAL NO.			
TOTAL DEP.	2							TOTAL DEP.			
TOTAL CLARK	10							TOTAL CLARK			